substitute for Form 1449 A & B/PTO		Complete if Known			
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INFO	RMATION	DISCLOSURE	Confirmation Number	Not Assigned	
STATEMENT BY APPLICANT			Filing Date	October 28, 2003	
•		= = = = - = = =	First Named Inventor	Yasunobu SAKAGUCHI	
(use as many sheets as necessary)			Art Unit	2624(parent)	
			Examiner Name	N. Worku (parent)	
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Examiner Signature		18/10	Will	Date Considered	12	1281	06	
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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